

**LOUISIANA DEPARTMENT OF INSURANCE
ELECTRONIC FUND TRANSFER - ACH CREDIT INSTRUCTIONS**

The Louisiana Department of Insurance (DOI) accepts the payment of taxes and fees from licensed insurers through Electronic Funds Transfers (EFT). The payment of taxes and fees through an EFT is voluntary. Both the Bankwire (commonly known as Fedwire) or the ACH Credit (CCD +) methods may be used. The following instructions are intended for companies that are familiar with the ACH Credit method. Information concerning the use of the ACH (Automated Clearing House) method can be obtained from:

National Automated Clearinghouse Association
13665 Dulles Technology Drive, Suite 300
Herndon, VA 20171
(703) 561-1100

The National Association of Insurance Commissioners (NAIC) company number (code) or equivalent number issued by the Louisiana Department of Insurance must be included with any type of payment to assure proper credit.

The Louisiana Department of Insurance EFT program is separate from the EFT program of the Louisiana Department of Revenue. The Louisiana Department of Insurance's account and bank information for submitting tax payments through an EFT is as follows:

Account Name	LA Dept. of Insurance Revenue Account
Bank Name	Bank One, Louisiana, National Association
Bank Account	7900406317
Bank ABA/Routing Number	065400137

The tax payment and the fee payment must be paid through two separate EFTs. Taxpayers should not make one EFT as a consolidated group payment for all companies within a group. A separate EFT is necessary for each individual company within a group. Any group payment received will be credited to the first company identified as a member of a group. All required tax forms must be filed with the method of payment indicated on the form.

In order to avoid any penalty assessments, the funds representing tax payments must be deposited into the Department of Insurance's account on or before the due date of the tax. An error in an EFT resulting in an overpayment or underpayment of taxes will be handled as follows: the overpayment can be used to reduce future tax payments due; the underpayment will require the additional funds to be paid on or before the due date to avoid any penalties.

Zero dollar prenotifications may be submitted by the taxpayer to verify and test the transmission. Please allow ten (10) days after a prenotification to receive a notice of an error in the transmission.

BATCH HEADER RECORD MODIFICATION REQUIREMENTS FOR LOUISIANA DEPARTMENT OF INSURANCE

The following modifications to the Batch Header Record of the ACH transaction are necessary to identify the taxpayer and assure proper tax payment credit in situations where the TXP Addenda Record is not properly received. The required modifications are as follows:

Field Name	Positions	Required Contents
Company Name	05 - 40	Enter the company name - up to 36 characters
Company Identification	41 - 50	Enter the number "1" plus the Federal Employer ID Number
Company Entry Description	54 - 63	Enter the NAIC Number (or Code)

LOUISIANA DEPARTMENT OF INSURANCE
TAX PAYMENT (TXP) ADDENDA RECORD - ACH CREDIT
CCD + FORMAT

Field Name Data Elements & Separators	Field Size	Pos tion		Contents
		Start	End	
Record Type Code	1	01	01	7
Addenda Type Code	2	02	03	05
Free Form Area	80	04	83	See Free Form Table Below
Special Addenda Sequence Number	4	84	87	Refer to ACH Rules
Entry Detail Sequence Number	7	88	94	Refer to ACH Rules

FREE FORM AREA

Field Name Data Elements & Separators	Field Size	Pos tion		Contents
		Start	End	
Segment Identifier	3	01	03	TXP
Separator	1	04	04	*
NAIC Number (or Code) ¹	5 to 7	05	11	Numeric
Separator	1	12	12	*
Company Name	36	13	48	Text
Separator	1	49	49	*
Federal Employer Identification Number	9	50	58	Numeric
Separator	1	59	59	*
Payment Amount	10	60	69	\$\$\$\$\$\$\$¢ (include cents)
Separator	1	70	70	*
Tax/Fee Type Code	2	71	72	See Table 1 below
Separator	1	73	73	*
Tax/Fee Due Date	6	74	79	MMDDYY (numeric)
Terminator	1	80	80	\ fill to 80 with blanks ²

- ¹ NAIC Number is the number issued to the company by the National Association of Insurance Commissioners or equivalent number issued by the Louisiana Department of Insurance.
- ² Fill to position 80 with blanks after the terminator "\".

Table 1	
Code	Payment Type
01	License Premium Tax - Annual
02	License Prepayment Tax - Quarterly
03	Fees - Filing & Renewal of C of A

Example The addenda record for an annual license tax payment of \$11,323.85 due March 1, 2001 will appear as follows:

TXP*12345*Shifting␣Sand␣Fire␣Insurance␣Company*123456789*1132385*01*030101\␣␣␣␣␣␣
 ␣ = indicates a blank space